

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

## - LED EFFECTIVE

10 JUL 15 PM 4: 04

STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

The assumed business name which the undersigned business is:      M-exica no	ed use(s) in the transaction of	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Sose Doron  719	Complete Address	D83709
3. The general type of business transacted under the  Retail Trade Transportation and Put  Wholesale Trade Construction		
Services	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:	
4. The name and address to which future correspondence should be addressed:  The name and address to which future correspondence should be addressed:  The name and address to which future correspondence should be addressed:  The name and address to which future correspondence should be addressed:	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and address for this acknowledgment copy is (if other than # 4 above):		
	Secretary of State use only	
Printed Name: Sose Norman	0140753	
Signature:	IDAHO SECRETARY OF ST	ATE
Printed Name:	07/15/2010 05 07/15/2010 05 CK: 477386 CT: 172899 BH: CK: 477386 CT: 25.00 ASSU	1230854
Capacity/Title:	1 8 25.60 = 25.60 HSSU	) 144 mm

abn.pmd Rev. 07/2010